

# Study suggests lower income Ontario seniors less likely to access newly approved drugs

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Dr. Michelle Sholzberg, the lead author, is a clinical hematologist at St. Michael's Hospital. Credit: Dr. Michelle Sholzberg

Wealthier seniors in Ontario were prescribed a new blood thinner for a common heart rhythm abnormality 1.5 times more often than poorer seniors when the drug was first approved by Health Canada, a new study has found.

However, that inequity disappeared when the new drug, dabigatran (marketed as Pradaxa), was covered by the Ontario Drug Benefit Program 18 months later, followed by other provincial drug plans.

Researchers from St. Michael's Hospital and the Institute for Clinical Evaluative Sciences (ICES) said their findings demonstrate that there are socioeconomic barriers to accessing new medications when they are not paid for by publicly funded drug plans and that provinces need to make timely decisions about which drugs to approve.

"We suspect this is not the only drug that was available sooner to those who could afford to pay for it," said Dr. Michelle Sholzberg, the lead author, who is a clinical hematologist at St. Michael's. "If that's the case, this is further support for creation of a national pharmacare plan."

In Ontario, dabigatran costs about 20 times as much as warfarin, the anticoagulant (blood thinner) commonly prescribed to reduce the risk of stroke and other blood clots. But Dr. Sholzberg said dabigatran is cost-effective relative to warfarin because patients taking dabigatran do not need to have their blood monitored as often and because dabigatran is associated with fewer serious bleeding complications than warfarin.

The study, published in *PLOS ONE*, reviewed anonymized health records held at ICES for nearly 35,000 seniors in Ontario being treated for nonvalvular atrial fibrillation, a common [heart rhythm abnormality](#), between 2008 and 2012. The researchers grouped the patients by neighbourhood income levels. They adjusted for demographic variables, comorbid illnesses, medication-related variables and specialist visits.

"This study is an example of the delays in access that are disproportionately faced by seniors who may be struggling financially, highlighting the importance of timely reimbursement decisions by provinces when new drugs come on the market," said Dr. Andreas

Laupacis, the study's senior scientist who is an adjunct scientist at ICES and executive director of the Li Ka Shing Knowledge Institute of St. Michael's Hospital. "The results of this study are also an argument for a publicly funded [drug](#) plan that covers Canadians of all ages, because the financial barriers to access we saw with seniors almost certainly also exist for those younger than 65 years of age."

Provided by St. Michael's Hospital

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